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N. Kenneth Burraston

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FACSIMILE TRANSMISSION SHEET

DATE: September 9, 2005 BILLING #: 12439.138

TO: Commissioner for Patents

FAX #: (571) 273-8300

FROM: N. Kenneth Burraston

17 NUMBER OF PAGES INCLUDING COVER SHEET

COMMENTS: Transmitted herewith is a Transmittal Form, Fee Transmittal, Credit Card Payment Form and an Amendment for:

App. No.: 10/003,012 Confirmation No.: 3257

Applicant: Eldridge et al. Filed: November 2, 2001

TC/A.U.: 2829 Examiner: Vinh P. Nguyen

Docket No.: 20206-15

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TRANSMITTAL
FORM

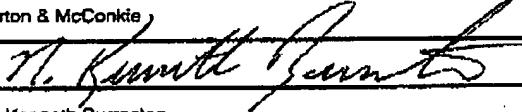
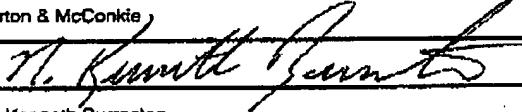
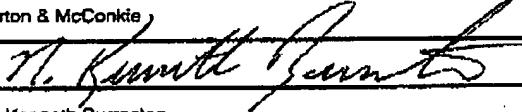
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/003,012
Filing Date	November 2, 2001
First Named Inventor	Eldridge et al.
Art Unit	2829
Examiner Name	Vinh P. Nguyen
Attorney Docket Number	20206-15

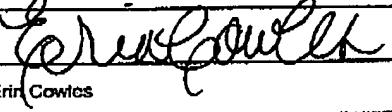
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ENCLOSURES (Check all that apply)																		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)																
Remarks																		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">Kirton & McConkie</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">N. Kenneth Burraston</td> </tr> <tr> <td>Date</td> <td>September 9, 2005</td> <td>Reg. No.</td> <td>39,923</td> </tr> </table>			Firm Name	Kirton & McConkie			Signature				Printed name	N. Kenneth Burraston			Date	September 9, 2005	Reg. No.	39,923
Firm Name	Kirton & McConkie																	
Signature																		
Printed name	N. Kenneth Burraston																	
Date	September 9, 2005	Reg. No.	39,923															

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Signature			
Typed or printed name	Erin Cowles	Date	September 9, 2005

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Erin Cowles

Ref. No.: 12439-0138
(P164-US)
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SEP 09 2005

Appl. No. : 10/003,012 Confirmation No. 3257
 Applicant : Benjamin N. Eldridge
 Filed : November 2, 2001
 TC/A.U. : 2829
 Examiner : Vinh P. Nguyen
 Docket No : 20206-15

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

FEE TRANSMITTAAL

To Whom It May Concern:

1. Total Fee Paid: \$650.00**2. Method of Payment:**

Check Credit Card Money Order Other None
 Deposit Account

Account Number 500843
 Account Name Kirton & McConkie

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 to the above-identified deposit account.

3. Fee For Extra Claims:

Extra Claims				Fee/Claim	Fee Paid
Total Claims	39	- 38	= 1	x 50	= 50
Indp. Claims	6	- 3	= 3	x 200	= 600
Multiple Dependent Claims			x	360	= 0

* 20 or highest number of total claims previously paid for.

** 3 or highest number of independent claims previously paid for.

1 Available Copy

Appl. No. 10/003/012 561
Fee Transmittal dated September 9, 2005

4. Additional Fees:

Fee Description	Fee Paid
Surcharge - late filing fee or oath (\$130)	
Extension of one month (\$120)	
Extension of two months (\$450)	
Extension of three months (\$1020)	
Extension of four months (\$1590)	
Extension of five months (\$2160)	
Notice of Appeal (\$500)	
Filing appeal brief (\$500)	
Request for oral hearing (\$1000)	
Submission of IDS (\$180)	
Record patent assignment (\$40)	
RCF (\$790)	
Fee for Terminal Disclaimer (\$130)	
Fee for extra claims (from above):	\$650
Other:	
Total:	\$650

Respectfully submitted,

Date: September 9, 2005By N. Kenneth Burraston

N. Kenneth Burraston

Reg. No. 39,923

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Erin Cowles

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

To Whom It May Concern:

In response to the Office Action of June 9, 2005, the shortened statutory period for response to which ends after September 9, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the list of claims that begins on page 2 of this paper

Remarks/Arguments begin on page 10 of this paper

09/12/2005 TL0111 00000012 10003012

01 FC:1201	600.00	OP
02 FC:1202	50.00	OP

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